

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		1				
5		1				
6		1				
7		1				
8		2				
9	1					
10		3				
11		1				
12		1				
13	1					
14		4				
15		4				
16	1					
17	1					
18		1				
19		1				
20		1				
21		1				
22		2				
23	1					
24	1					
25		4				
26		4				
27		4				
28		4				
29		4				
30		4				
31	1					
32	1					
33		1				
34		1				
35		1				
36		1				
37		2				
38	1					
39	1					
40		4				
41		4				
42		4				
43						
44						
45						
46						
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48						
49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	68	←		←		←
TOTAL CLAIMS	80					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY